Revision: HCFA-PM-95-4 JUNE 1995

(HSQB)

Attachment 4.35-H

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Additional Remedies: Describe the criteria (as required at \$1919(h)(2)(A)) for applying the additional remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described 'at 42 CFR 488.408).

NOT APPLICABLE

"N No. Approval DateOCT 23 upersedes .N No. (new page)

Effective Date: JUL 0 1 1995